

COUNTY OF SUFFOLK  
NEW YORK



POLICE DEPARTMENT  
TIMOTHY D. SINI  
POLICE COMMISSIONER

TO ALL WHOM THESE PRESENTS SHALL COME OR MAY CONCERN, GREETING:

Know Ye, That I am the legal guardian or custodial parent of, \_\_\_\_\_ / / \_\_\_\_\_ Residing  
at \_\_\_\_\_ and that I am

Aware that my child is about to take part in the Suffolk County Police Department's "Crash Course in Crash Avoidance for Teens"; and that he/she will be exposed to heightened risk conditions, including but not limited to, riding as a passenger in police emergency vehicles operated at the Emergency Vehicle Operation Course (EVOC) in Westhampton, under high speed and adverse conditions similar to those encountered by active Police Officer trainees, and

That neither I, nor my child, have knowledge of any medical condition that would preclude his/her participation in these heightened risk activities; and that

I give my permission to my child to participate in the Suffolk County Police Department's "Crash Course In Crash Avoidance for Teens", and

Now, therefore, in consideration of the permission extended to me and my child by the County of Suffolk, through its officers and agents to participate in the "Crash Course in Crash Avoidance for Teens", do hereby, for my child, myself, my heirs, executors and administrators and assigns, release, hold harmless and forever discharge the county of Suffolk and all of its officers, agents and employees, acting officially or otherwise, from any and all claims whatsoever, demands, actions or causes of actions on account of my child's death, or on account of any injury to my child or his/her property which may occur from any cause whatsoever during said participation as well as all operations incident thereto and I and/or my child further covenant not to sue the County of Suffolk, the Suffolk County Police Department or any of its employees, officers or agents with respect to the aforesaid participation. Further, I and my child grant full permission to use any photographs, videotapes, motion pictures, recordings or other records of this event for any legal purposes whatsoever.

**This release may not be changed orally.**

IN WITNESS WHEREOF, I have hereunto knowingly and voluntarily signed this release after reading it carefully, the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Participant Participant  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Parent/Guardian Parent/Guardian

Original retained at Suffolk County Police Academy until two years after Participant turns 21

ACCREDITED LAW ENFORCEMENT AGENCY

Visit us online at: [www.suffolkpd.org](http://www.suffolkpd.org)

Crime Stoppers Confidential Tip Hotline: 1-800-220-TIPS

Non-Emergencies Requiring Police Response - Dial: (631) 852-COPS

30 Yaphank Avenue, Yaphank, New York 11980 – (631) 852-60



